## Caution: DRAFT FORM

This is an advance proof copy of an IRS tax form. It is subject to change and OMB approval before it is officially released. You can check the scheduled release date on our web site (www.irs.gov).

If you have any comments on this draft form, you can submit them to us on our web site. Include the word DRAFT in your response. You may make comments anonymously, or you may include your name and e-mail address or phone number. We will be unable to respond to all comments due to the high volume we receive. However, we will carefully consider each suggestion. So that we can properly consider your comments, please send them to us within 30 days from the date the draft was posted.

## **U.S. Income Tax Return for Qualified Funeral Trusts**

Department of the Treasury

| Interr                      | nal Reven                                    | ue Service   | ► See ins   | tructions on pages 2 through 4.                       |                   |                                  |                                      |           |        |
|-----------------------------|--|--|---|---|-------------------|----------------------------------|--------------------------------------|-----------|--------|
| For calendar year 2006 or s |  |  | hort year beginning   | , 2006, and ending                                    |                   |                                  | , 20                                 | 06.       |        |
| Pa                          | art I  | General Inf  | ormation  |   |                   |                                  |                                      |           |        |
| 1                           | Name of trust or other entity filling return |  |   | , 23  | 2 Empl            | 2 Employer identification number |                                      |           |        |
| 3a                          | Name a                                       | and title of trustee                                 |   | 54 0  |                   | 1/                               |                                      |           |        |
| 3b                          | Number                                       | r, street, and room                                  | or suite no. (If a P.O. box, see the instruction  | ons.)   | V)                |                                  |                                      |           |        |
| 3с                          | City or town, state, and ZIP code            |  |   |   |                   | er of QFT:                       | s included                           | d on this | return |
| 5                           |  | applicable boxes:                                    | Amended return  Final return  | Change in the fiduciary or fiduciary's name           | ne 🗌 Ch           | ange in fic                      | duciary's a                          | address   |        |
| Pa                          | rt II  | Tax Comp   | utation   |   |                   |                                  |                                      |           |        |
| Income                      | b 7  | •  | erest. Do not include on line 1a  | <u>  1b  </u>   |                   | 1a                               |                                      |           |        |
|                             | b (  | Qualified divide<br>Capital gain or                  | lividends   | <u>  <b>2b</b>  </u>                                  |                   | 3<br>4                           |                                      |           |        |
|                             | 5 7  | Гotal income. С                                      | Combine lines 1a, 2a, 3, and 4 .  |   | . ▶               | 5                                |                                      |           |        |
| Deductions                  | 7 7<br>8 A<br>9 (                            | Trustee fees .<br>Attorney, accou<br>Other deductior | untant, and return preparer fees.  ns <b>not</b> subject to the 2% floor .  ellaneous itemized deductions sub                     |   |                   | 6<br>7<br>8<br>9                 |                                      |           |        |
| _                           | 11 7   | Total deduction                                      | s. Add lines 6 through 10   |   | . ▶               | 11                               |                                      |           |        |
| Payments                    |  |  | e. Subtract line 11 from line 5.  |   |                   | 12                               |                                      |           |        |
|                             |  |  | composite return, check here ► [ tructions). Specify the credits clair  |   |                   | 14                               |                                      |           |        |
| Tax and Pay                 | 16 F   | Payments (see i                                      | ict line 14 from line 13 (see instructions)  16 is <b>smaller</b> than line 15, enter a line 16 is <b>larger</b> than line 15, en | amount owed   | . •               | 15<br>16<br>17<br>18             |                                      |           |        |
|                             | 19 <i>A</i>                                  | Under penalties                                      | 18 to be: a Credited to 2007 estim of perjury, I declare that I have examined this  | s return, including accompanying schedules            | and statement     |                                  |                                      |           |        |
| Sign<br>Here                |  |  | true, correct, and complete. Declaration of p   | reparer (other than trustee) is based on all in  Date | tormation of w    | May to                           | he IRS disc<br>he prepare<br>age 3)? | cuss this | return |
| Paid<br>Preparer's          |  | Preparer's signature                                 |   | Date  | if self-<br>yed ▶ |                                  | r's SSN o                            |           |        |

Firm's name (or yours if self-employed), address, and ZIP code

Use Only

Phone no. (